

# SPECIFIC-PURPOSE COMMITTEE CAMPAIGN FINANCE REPORT

Form SPAC

COVER SHEET PG 1

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

The SPAC INSTRUCTION GUIDE explains how to complete this form.

1 ACCOUNT #  
(Ethics Commission filers)

2001 MAY -1 A 11: 28

2 Total pages filed:

3 COMMITTEE NAME

JOE MONTAÑA CAMPAIGN

OFFICE USE ONLY

Date Received

4 COMMITTEE ADDRESS

ADDRESS / PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2314 O'RILEY SA TEX 78251

☐ Change of Address

Date Hand-delivered or Date Postmarked

5 CAMPAIGN TREASURER NAME

TITLE FIRST MI

JOE

A

NICKNAME LAST SUFFIX

MONTAÑA

Receipt #

Amount

Date Processed

Date Imaged

6 CAMPAIGN TREASURER'S STREET ADDRESS  
(Residence or business)

STREET ADDRESS (NO PO BOX PLEASE); APT / SUITE #; CITY; STATE; ZIP CODE

2314 O'RILEY SA TEX 78251

7 CAMPAIGN TREASURER'S MAILING ADDRESS

STREET OR PO BOX; APT / SUITE #; CITY; STATE; ZIP CODE

2314 O'RILEY SA TEX 78251

☐ Change of Address

8 CAMPAIGN TREASURER PHONE

AREA CODE PHONE NUMBER EXTENSION

(210) 681-4888

9 REPORT TYPE

☐ January 15  
☐ July 15

☐ 30th day before election  
☒ 8th day before election  
☐ Runoff

☐ Exceeded \$500 limit  
☐ Dissolution (attach PAC-DR)  
☐ 10th day after campaign treasurer termination

10 PERIOD COVERED

Month Day Year

3 / 30 / 01

THROUGH

Month Day Year

4 / 27 / 01

11 ELECTION

ELECTION DATE  
Month Day Year

5 / 5 / 01

ELECTION TYPE

☐ Primary

☐ Runoff

LOCAL

☒ General

☐ Special

GO TO PAGE 2

# SPECIFIC-PURPOSE COMMITTEE REPORT: PURPOSE AND TOTALS

## FORM SPAC COVER SHEET PG 2

**12 COMMITTEE  
NAME**
**ACCOUNT #**  
(Ethics Commission filers)

*JOE MONTOKA CAMPAIGN*

**13 COMMITTEE  
PURPOSE**

 (Attach lists on plain  
paper to complete this  
report if necessary.)

☒ **CANDIDATE**
**CANDIDATE / OFFICEHOLDER NAME**

*JOE MONTOKA*

☐ **OFFICEHOLDER**
**OFFICE SOUGHT (candidate) / OFFICE HELD (officeholder)**

*CITY COUNCIL DISTRICT 6*

☐ **SUPPORT**
☐ **OPPOSE**
☐ **ASSIST**  
(officeholders only)

☐ **MEASURE**
**BALLOT IDENTIFICATION / #**
**ELECTION DATE**  
Month Day Year

**DESCRIPTION**
**14 NO REPORTABLE  
ACTIVITY**
☐ Check here if no reportable activity occurred during this reporting period. (Sign affidavit below and submit pages 1 and 2 only.)

**15 CONTRIBUTION  
TOTALS**
**1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN  
PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED**

\$ *0*

**2. TOTAL POLITICAL CONTRIBUTIONS  
(OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)**

\$ *0*

**EXPENDITURE  
TOTALS**
**3. TOTAL POLITICAL EXPENDITURES OF \$50 OR LESS, UNLESS ITEMIZED**

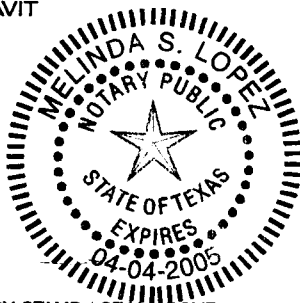
\$ *0*

**4. TOTAL POLITICAL EXPENDITURES**

\$ *1256.72*

**OUTSTANDING  
LOAN TOTALS**
**5. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE  
LAST DAY OF THE REPORTING PERIOD**

\$ *0*

**16 AFFIDAVIT**


AFFIX NOTARY STAMP / SEAL ABOVE

I swear, or affirm, under penalty of perjury, that the accompanying  
report is true and correct and includes all information required to be  
reported by me under Title 15, Election Code.

*[Signature]*

Signature of campaign treasurer

Sworn to and subscribed before me, by the said Joe Montoya, this the 1st day  
of May, 20 01, to certify which, witness my hand and seal of office.

*Melinda S. Lopez*

Signature of officer administering oath

Melinda S. Lopez

Printed name of officer administering oath

Notary Public

Title of officer administering oath

# **POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS**

RECEIVED  
CITY OF SAN ANTONIO  
CITY CLERK

## **SCHEDULE G**

2001 MAY -1 A 11:28

The INSTRUCTION GUIDE explains how to complete this form.

1 Total pages Schedule G:

1

2 FILER NAME

JOE MONTAÑA

3 ACCOUNT # (Ethics Commission filers)

4 Date

5 Payee name

8 Amount (\$)

4-9-01

ALLIED ADVERTISING

6 Payee address: City: State: Zip Code

3700 BLANCO SAN ANTONIO, TEX 78212

\$1000.05

7 Purpose of expenditure (See instructions regarding type of information required.)

SIGNS

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-12-01

ALLIED ADVERTISING

Payee address: City: State: Zip Code

3700 BLANCO SAN ANTONIO, TEX 78212

\$210.37

Purpose of expenditure (See instructions regarding type of information required.)

SIGNS

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-26-01

HOME DEPOT

Payee address: City: State: Zip Code

611 S.W. LOOP 410 SA TEX

\$24.75

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

4-28-01

HOME DEPOT

Payee address: City: State: Zip Code

611 S.W. LOOP 410 SA TEX

\$21.55

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

Date

Payee name

Amount (\$)

Payee address: City: State: Zip Code

Purpose of expenditure (See instructions regarding type of information required.)

☐ Reimbursement from political contributions intended

\$1256.72

ATTACH ADDITIONAL COPIES OF THIS FORM AS NEEDED

